



Toward Elimination

Newsletter for State Partners in HAI Prevention

Volume 20, May 2012



Spring Edition

NHSN Dialysis Event Reporting

The new Centers for Medicare & Medicaid Services (CMS) End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) rule for payment year 2014 includes a National Healthcare Safety Network (NHSN) Dialysis Event reporting measure. This measure incentivizes dialysis facilities that treat maintenance hemodialysis outpatients in-center to complete required NHSN training, enroll in NHSN, and report three consecutive months of 2012 NHSN Dialysis Event data. More than 5000 dialysis facilities are affected by the QIP rule. To assist these facilities with enrollment, CDC has developed step-by-step guides and resources now available here: <http://www.cdc.gov/nhsn/dialysis/cms-dialysis-enroll-steps.html>.

CDC is also coordinating with the 18 CMS contracted ESRD Networks to support their efforts to train and enroll facilities nationally. For contacts in your state's ESRD Network, please visit the contact page via the following link: <http://www.esrdncc.org/esrd-networks>. FAQs on the new NHSN and CMS ESRD QIP rule are located on: <http://www.cdc.gov/nhsn/dialysis/faq-ESRD-QIP.html>. For CMS ESRD QIP rule questions that are not related to NHSN, please contact the CMS ESRD QIP Communications Team at ESRDQIP@cms.hhs.gov.

State HAI Partner Call Series

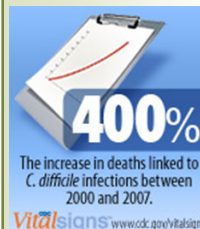
We've heard HAI Coordinators who overwhelmingly agreed that the Infection-Specific conference calls are very beneficial to them and have also heard that the preference is to have them on a quarterly basis. We have now transitioned to the new quarterly State HAI Partner Call series. Stay tuned for further information from your PHA regarding these calls covering prevention, cross-cutting topics such as sustainability and new partnership development, and state collaborative expansion across the healthcare continuum. The calls will also include specific topic areas like Carbapenem-Resistant Enterobacteriaceae (CRE) and Renal Dialysis prevention. If you have ideas for other topics, please contact your PHA.



Communication Update



CDC released a Vital Signs Report (<http://www.cdc.gov/vitalsigns/HAI/>) on *C. Difficile* Infections (CDI) in healthcare settings on March 6, 2012. According to the report, CDI is linked to approximately 14,000 U.S. deaths each year. Those most at risk are people who take antibiotics and also receive care in any medical setting. Almost half of infections occur in people younger than 65, but more than 90% of deaths occur in people 65 and older. The report highlights programs in Illinois, Massachusetts, and New York that have shown early success in reducing CDI. A variety of communication materials have been created in support of



the Vital Signs Report:

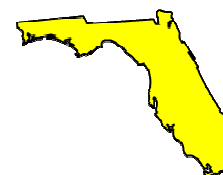
- ◆ Consumer-friendly **Fact Sheet**
<http://www.cdc.gov/VitalSigns/pdf/2012-03-vitalsigns.pdf>
- ◆ **Audio Podcast**
<http://www2c.cdc.gov/podcasts/player.asp?f=8622944>
- ◆ **Safe Healthcare Blog**
<http://blogs.cdc.gov/safehealthcare/>
- ◆ CDC's **HAI Website Update** on CDI http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_infect.html
- ◆ **CDC Medscape Video Commentary** on CDI
<http://www.medscape.com/viewarticle/725822>



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State Highlights

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Florida Highlight

As a result of Recovery Act (ARRA) funding, the Florida Department of Health (FDOH) implemented Catheter-associated Urinary Tract Infections (CAUTI) and *Clostridium Difficile* (CDI) state-run collaboratives, and supported efforts to enhance a Florida Hospital Association collaborative called On the CUSP (Comprehensive Unit-based Safety Program): Stop BSI (central line-associated blood stream infections). The FDOH has also initiated three new prevention collaboratives as a result of Affordable Care Act (ACA) funding: an expansion to long term care facilities (LTCFs) for CAUTI prevention, a regional CDI collaborative in the Jacksonville area, and a Multi-Drug Resistant Organism (MDRO) collaborative. The collaboratives include acute care hospitals, long-term acute care hospitals, and nursing homes. Participating facilities benefit from additional training and have the opportunity to network, collaborate, and problem-solve with their peers during monthly conference calls and meetings. Facilities also interact with FDOH staff via regional face-to-face meetings or site visits. Collaborative participants track infection rates and monitor adherence to guidelines on isolation precautions and cleaning of high-touch patient surfaces. LTCFs will strive to decrease hospital admission/ re-admission rates through infection prevention activities.

FDOH sponsored a one-day Antimicrobial Stewardship Symposium targeting Florida physicians regarding overuse/misuse of antibiotics in the state, in conjunction with the University of Miami. One of the goals of the symposium was to encourage state representation toward the development of a statewide Antimicrobial Stewardship Program (ASP) modeled after California's existing ASP. More details on the Antimicrobial Symposium can be found in the Miami Herald: <http://www.miamiherald.com/2011/12/10/v-fullstory/2540662/antibiotics-overuse-creates-lethal.html> .

In addition to the symposium, the FDOH and the University of Miami partnered to administer an antimicrobial stewardship assessment for Florida acute care facilities and LTCFs.

Other HAI-related training that FDOH has provided across the healthcare continuum includes training for Infection Preventionists (IP) on topic areas such as Carbapenem-Resistant Enterobacteriaceae (CRE) and other emerging MDRO's; CDI, CLABSI, and CAUTI prevention; and the development of a training video that demonstrates the proper use of personal protective equipment and cleaning of high-touch surfaces. The training video can be viewed at <http://www.youtube.com/watch?v=gN9L11-SehI>. FDOH also provided incentives to hospitals for collecting process measure data (isolation and cleaning observations), and to identify opportunities for improvement in infection control practices. Lastly, the FDOH has created a state HAI website containing information and resources at http://www.doh.state.fl.us/Disease_ctrl/epi/HAI/HAI.html.





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State Highlights

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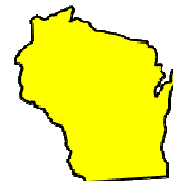
Minnesota Highlight



The Minnesota Department of Health (MDH) has been working with their QIO (Stratis Health), Minnesota Hospital Association (MHA), and APIC-MN to establish the Collaborative HAI Network (CHAIN). CHAIN partners will work together to facilitate several HAI prevention collaboratives as well as provide training in HAI prevention statewide (currently these resources will target acute care hospitals but this may be expanded to other health care entities in the future). A CHAIN website is also under development which will provide a one-stop site linking to all available HAI resources. Based on experience investigating endoscope reprocessing breaches reported to MDH by healthcare facilities, MDH has compiled resources and steps to prevent such events. A memo was released to healthcare facilities in the state that perform endoscopic procedures in January (<http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/01202012.pdf>).

The development of a roadmap and resources toolkit for CDI (<http://www.health.state.mn.us/divs/idepc/diseases/cdiff/toolkit/index.html>) and SSI (<http://www.health.state.mn.us/divs/idepc/dtopics/hai/ssi/toolkit/index.html>) – guided by state experts, piloted by 16 hospitals, and provided to infection preventionists at every hospital in the state is one of the biggest successes to date. In addition, MDH worked with local experts in developing recommendations for the prevention of transmission of CRE in acute care and long-term acute facilities (<http://www.health.state.mn.us/divs/idepc/dtopics/cre/recs.html>) and in the annual revision of the MRSA recommendations for acute care hospitals (<http://www.health.state.mn.us/divs/idepc/diseases/mrsa/rec/index.html>). For more information about the CHAIN website, roadmap, resources toolkit, or to learn more about the efforts taking place in Minnesota, please contact the HAI Coordinator, Jean Rainbow, at Jean.Rainbow@state.mn.us.

Wisconsin Highlight



In a state that has no legislative mandate for public reporting of HAI data, the Wisconsin Division of Public Health and the Wisconsin Hospital Association are continuing to demonstrate strong collaboration to reduce CLABSI infections in their ICUs. On February 16, 2012, results were released showing that 37 hospitals of the 64 reporting data (58%) reported zero CLABSI infections in their ICUs during the first six months of 2011. The CLABSI data is displayed on the Wisconsin Hospital Association's public reporting website, CheckPoint at <http://www.wicheckpoint.org>. For more information about the impact of this wonderful collaboration, please contact Wisconsin's HAI Coordinator at Gwen.Borlaug@dhs.wisconsin.gov or you can read about the collaborative and its results on The Valued Voice (an Internet publication of the Wisconsin Hospital Association, February 17, 2012, <http://www.wha.org>) and/or in the First Quarter 2012 IP Update of the Wisconsin Infection Prevention and Public Health Update which can be found at <http://www.dhs.wisconsin.gov/communicable/HAI/index.htm>.





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Training Highlights

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HAI Train-the-Trainer Update: Region VII and VIII

The latest two HAI Train-the-Trainer (TTT) Sessions held by the Society of Healthcare Epidemiology of America (SHEA) and Avaris were for Region VII in Jefferson City, Missouri, and for Region VIII in Denver, Colorado. The Region VII Training was held December 1-3, 2011 with 8 participants in attendance from Kansas and Missouri. The Region VIII Training took place February 2-4, 2012 with 19 participants attending from Colorado, North Dakota, South Dakota, Utah and Wyoming plus Maine and Pennsylvania. Small-group interactive discussions and working sessions allowed for information sharing between the state groups, as well as for ways to conceptualize their abilities to educate and bring the modules to action within their states. The trainings featured the expertise of the SHEA faculty presenters who were able to add a local perspective to the training topics and discussions. All participants received Training Manuals and have the opportunity to incorporate content from available presentation slides to develop state-level trainings.



States are encouraged to move into the second phase of the initiative which is to take the training materials and use them to implement state-based HAI training efforts. All of the materials are posted on the Epi-X HAI Forum. There have already been some state partners who've taken the lead in adapting the training materials to implement state-based HAI training efforts, and they've posted their experiences on the Epi-X HAI Forum.



Examples include:

- ♦ **Illinois Department of Public Health** - used the materials to train assisted living facilities, and a local health department along with their partners
- ♦ **The Maryland Healthcare Commission** - posted the materials for their HAI website, cross-referencing other prevention practices
- ♦ **Pennsylvania Department of Health** - used the materials to create free webinars for healthcare providers

As a friendly reminder to all participants who have attended the HAI TTT thus far, please provide comments of any post-training activities on the Epi-X HAI Forum to share your successes of this value-added program!

For those who were unable to attend the three-day program in person or who would like to have a refresher on any of the topics, they are now available. Avaris Concepts, SHEA, and DHQP collaborated to **create all the slide decks of the three-day program which are audio-synced with the speakers' presentations, and are available through your PHA.**





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Policy Update

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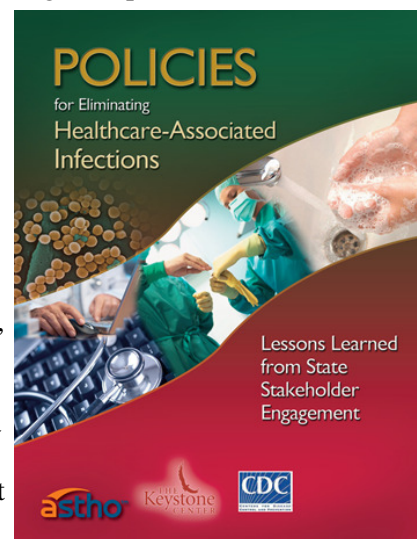
CDC and the Association of State and Territorial Health Officials (ASTHO) have released a new companion report to last year's HAI Policy Toolkit

The Association of State and Territorial Health Officials (ASTHO) and the Centers for Disease Control and Prevention (CDC) have collaborated since July 2010 to advance state-level healthcare-associated infection (HAI) prevention efforts. In March 2011, ASTHO and CDC jointly released the toolkit *Eliminating Healthcare-Associated Infections: State Policy Options*, which is available at www.astho.org/HAI_Policy_Toolkit.

This toolkit provides guidance to senior policy-makers on various promising ways to use legal and policy interventions to implement a comprehensive HAI prevention program. In January 2012, the findings from the second phase of this project were published as a companion report to the toolkit, *Policies for Eliminating Healthcare-Associated Infections: Lessons from State Stakeholder Engagement*. The report summarizes the outcomes of stakeholder meetings and phone consultations, facilitated by The Keystone Center¹, regarding the early impact of HAI policies in states.

For phase II of the project, ASTHO and CDC selected a diverse group of states with relevant policy experience to participate in this project. The Keystone Center convened and facilitated meetings in Colorado, New York, and Tennessee and phone consultations in California, Illinois, Massachusetts, Nevada, Pennsylvania, South Carolina and Washington.

Using each state's current policy interventions as a foundation for discussion, one-hour, confidential phone conversations and day-long, in-person meetings were conducted. Stakeholders were asked to rate their level of confidence in each major policy in their state, using existing empirical evidence if possible and professional judgment if no data exist. Stakeholders primarily relied on important dimensions of professional judgment such as experience with other public health interventions, technical expertise and expert observation.



Findings from phase II of this project confirmed that while it may be too early for outcome data that link specific policies to HAI reduction, other indicators can help to describe best practices. The professional judgment and collective experience described in this report is critical to states embarking on HAI policy development or continuing to enhance and implement existing policies.

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Policy Update

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CDC and the Association of State and Territorial Health Officials (ASTHO) have released a new companion report to last year's HAI Policy Toolkit (*continued*)

States are currently creating or enhancing HAI policies, and early indicators suggest that state policies work in concert with federal initiatives to accelerate HAI prevention. Despite current progress toward the elimination of HAI, there is much work to be done to sustain state HAI programs. Based on stakeholder input, ASTHO and CDC have identified some next steps:

- ◆ Produce a framework reflecting stakeholder recommendations for developing policy options, as well as their advice regarding best practices for implementing such policies.
- ◆ Address questions of interest that emerged from the stakeholder engagement efforts to better understand the effectiveness of state HAI policies. For example, legal interventions such as mandatory public reporting of HAIs have been identified by stakeholders as a key driver in reducing HAIs. CDC and ASTHO plan to further explore this relationship using more quantitative evaluation methodologies.
- ◆ Evaluate the impact of CDC's support to states in implementing their state mandates and programs. CDC and ASTHO plan to examine core CDC functions and support to states in the absence of direct financial support; for example, by looking retrospectively at CDC's support in select states to identify evidence of effective investments, whereby CDC could sustain state HAI activities.

For details and the full report go to (<http://www.cdc.gov/HAI/prevent/astho-policy-toolkit.html>). For questions about the toolkit or the companion report or for additional information about the work ASTHO and CDC are doing to help states eliminate HAI, please contact us at CDCInfo@cdc.gov.



¹The Keystone Center is a nonprofit organization with over 35 years of experience in the **customized design, participant recruitment**, and facilitation for multi-stakeholder conversations on health and environmental policy issues.

